



PermaGloss Beauty
by Lisa DeLaurentis Studios

Informed Consent for Procedure

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE THAT YOU UNDERSTAND WHAT THEY MEAN BY INITIALING NEXT TO EACH PARAGRAPH

Initial:

1. I absolutely understand and accept that this procedure is a process, often requiring multiple applications of color to achieve desirable results and the 100% success cannot be guaranteed.

1. It has been explained to me and I understand that minor and temporary bleeding bruising redness, swelling, fading, or loss of pigment may occur. There is a rare risk of infection, missed place pigment allergic reaction, fever blisters, corneal abrasion and/or color change with any cosmetic micro pigments.

1. If I had a permanent cosmetics procedure performed previously by another practitioner, I do not hold Allure Beauty Loft, LLC responsible for future allergic reactions or contraindications.

1. I have informed Allure Beauty Loft, LLC of any health problems. _____
1. I understand that Allure Beauty Loft, LLC cannot guarantee the outcome of any permanent makeup procedure due to the unpredictability of the human skin. _____
1. I accept responsibility for helping to determine the color, shape and position of eyebrows, Eyeliners and lip liner/full lips.

1. I have received, reviewed and understand the post-procedural instructions as given to me and agree to follow them. I understand the importance of strictly adhering to such instructions. _____
1. I understand that lip augmentation, Botox, Restlyne or any cosmetic surgery can change the positioning of my permanent makeup. _____
1. If I am a lens wearer, I realize that I must keep my lenses out the day of any eyeliner procedure. _____
1. If I insist on driving I waive all responsibility to my practitioner and Allure Beauty Loft, LLC and I assume full responsibility that I can see to drive perfectly. _____
1. I understand that this procedure will fade and this fading can alter the original pigment color due to circumstances beyond the control of Allure Beauty Loft, LLC. _____
1. I understand that I will need to maintain the color with future applications. Sun, skin care products, pool and other factors play a role in fading as mentioned in the after care instructions. _____
1. I realize this is an elective cosmetic procedure, not an exact science, and is not medically necessary. There are no refunds upon treatment for this elective procedure. _____
1. I authorize Allure Beauty Loft, LLC unrestricted use of before and after Photographs to include but not limited to portfolio and social media. Allure Beauty Loft, LLC must have photos of all clients. _____
1. I give my consent to Allure Beauty Loft, LLC to confer with my physicians for medical information required for the safety of my procedures. _____
1. I understand that many lasers & IPL'S (Intense Pulse Lights) including those used for hair removal, anti-aging Photo Facials, removal of lines may or will turn permanent make up color dark or even black. I agree to inform my esthetician or anyone operating such that I have permanent makeup. _____
1. I am aware that if I am to receive an MRI after the procedure, I must tell the Radiologist that I have Iron Oxide Permanent Cosmetics. _____
1. I agree to accompany my practitioner to the emergency room in the event they were to be accidentally stuck with my needle and take a blood test for their safety &

disclose all test results to my practitioner. _____

1. I am aware that if an infection occurs after I have received Permanent Cosmetics I will see my Primary Care Physician or an emergency room, immediately. _____

1. I am aware that Allure Beauty Loft, LLC will use new pre-sterilized needles, and pigment(s) for all procedures and will follow OSHA standards and on all clients. New gloves are worn for all procedures. _____

1. I understand the fee that Allure Beauty Loft, LLC quotes for the procedure I've requested is for one initial permanent make up application. I understand that everyone's skin is different and may require additional visits for more color application to achieve desirable results. **Additional visits incur an additional fee.** _____

1. I have received no unrealistic warranties or guarantees with the respect to the procedure being performed. _____

1. Your signature below represents consent for Permanent Cosmetic services and shall remain in effect during the entire period you remain a client of Allure Beauty Loft, LLC. _____

1. I acknowledge by signing this consent form. I have been given the full opportunity to ask any and all questions about permanent makeup procedures and processes from my permanent makeup practitioner and/or her associates. _____

Are you pregnant?

Yes No

ACCEPTANCE:

I have read and understand these risk listed above and they have been explained to me.

I DID NOT JUST SIGN THIS DOCUMENT. I certify that the information in the above questionnaire is accurate and that it has been explained to me in detail and my questions have been answered. I accept full responsibility for any complications that may arise or result during or following the cosmetic procedure(s) to be performed at my request.

Signature of Client _____ Date ____/____/____

I personally reviewed the above information with my client, or client's representative.

I.D. Verification _____ Date ____/____/____

Permanent Cosmetic Practitioner _____ Date ____/____/____